



Fermilab
Accelerator Division

Request for absence from the laboratory

Name _____

Date _____

Department _____

Type of leave _____

*Floating Holiday, Jury Duty, Laboratory Business, Leave of Absence,
Leave without pay, Military leave, Vacation.*

Date(s) _____

Total Day(s) _____

Person in charge during your absence _____

Employee _____

Date _____

Supervisor or Dept. Head _____

Date _____